

**REMARKS**

Claims 1-5, 7-9 and 20-35 are pending in this application. By this Amendment, claims 1-3, 5 and 7 are amended and claims 20-35 are added. The amendments and added claims introduce no new matter. Support for added claims can be found at, for example, page 1 of the disclosure. Claim 6 and 10-19 are canceled without prejudice to, or disclaimer of, the subject matter recited in those claims. Reconsideration of the application based on the above amendments and following remarks is respectfully requested.

The Office Action rejects claim 19 under 35 U.S.C. §112, second paragraph, as allegedly being indefinite. The cancellation of claim 19 renders this rejection moot.

The Office Action rejects claims 1, 2, 4-7, 9, 11-13 and 16-18 under 35 U.S.C. §103(a) over U.S. Patent No. 6,804,654 to Kobylevsky et al. (hereinafter "Kobylevsky") in view of U.S. Patent Application Publication No. 2003/0097262 to Nelson, and rejects claims 3, 8, 10, 14 and 15 under 35 U.S.C. §103(a) over Kobylevsky in view of Nelson and U.S. Patent Application Publication No. 2002/0069355 to Garrison. These rejections are respectfully traversed.

Independent claim 1 recites, among other features, a mobile telephone for use by said remote worker to interrogate and update said store. Independent claim 5 recites, among other features, updating said information stored in said central store using said mobile telephone. The combination of Kobylevsky and Nelson cannot reasonably be considered to have suggested these features.

The Office Actions asserts that the act of storing prescription information in a storage location amounts to the updating of the storage contents of that storage location, since the prescription was not previously there. However claim 1 recites, among other features, a system for accessing and updating information stored in a central location. This feature would be understood by one of ordinary skill in the art to mean updating of information already

stored in a central location. Such "updating" cannot reasonably be interpreted to be the writing, for the first time, of information into a storage section.

The Office Action asserts that addition of mobile telephone use would have had a benefit that one of ordinary skill would have recognized and thus would have been motivated to combine the teachings of Kobylevsky and Nelson. Kobylevsky relates purely to a situation in which the doctor is in a medical facility where prescriptions are typically prescribed. This includes a doctor's office, hospital or other facility where medical services and prescriptions are typically prescribed. Kobylevsky teaches that the prescription services system 20 can provide confirmation information to medical staff. However, Kobylevsky apparently teaches away from present subject matter, which includes a system accessing and updating information. In this regard, a doctor in a medical facility is clearly not a remote worker.

The Office Action asserts that the skilled person would readily incorporate the text-to-speech (TTS) conversion specifically taught by Kobylevsky into a telephone. This assertion is incorrect. In Kobylevsky, the VoIP function described in col. 9, lines 33-48 causes the prescription information to reach the medical facility in the form of a voice signal, so that it is not necessary to incorporate a TTS function in the telephone apparatus provided in the medical facility itself.

The Office Action asserts that Kobylevsky teaches the above-recited features of claims 1 and 5. Specifically, the Office Action asserts that Kobylevsky teaches a voice recognition system that updates information stored at a central location. The Office Action relies on col. 2, line 62 through col. 3, line 53 to support this assertion. This assertion is incorrect for the following reasons.

Kobylevsky, at col. 3, lines 50-53, merely discloses that a prescription service system 10 records the voice prescription information and stores the same for later retrieval and review by a doctor, pharmacist, or other medical personnel. In this regard, the system of

Kobylevsky provides only a method whereby medical personnel can review information stored in a central location in order to confirm that the information was recorded properly prior to transmission of the information to a pharmacy. The system of Kobylevsky does not "update" the information stored in the central location. As such, Kobylevsky cannot reasonably be considered to teach, or to have suggested, the above-recited features of claims 1 and 5. Nelson fails to remedy this shortfall of Kobylevsky.

Furthermore, it would not have been obvious to one of ordinary skill in the art at the time the invention was made to combine the teachings of Kobylevsky and Nelson in the manner asserted. The Office Action asserts that it would have been obvious to "modify Kobylevsky to include the teaching of Nelson of where the telephone is a mobile telephone and in which said mobile telephone includes a text to speech (TTS) system..." This assertion is unreasonable for the following reasons.

First, one of ordinary skill in the art would not have been motivated to include a mobile telephone in the system of Kobylevsky. Specifically, Kobylevsky assumes that the party wishing to send prescription information via the unit 10 is part of a medical facility 30, such as a "doctor's office, hospital", etc. (see Fig. 1 and col. 3, lines 5-7). Such a "medical facility" invariably already has adequate communications facilities, e.g., landline telephones, computers, fax machines, high-speed data links, etc. Under these circumstances, one of ordinary skill in the art would recognize that the doctor, or other medical personnel, would simply make use of what is already there. In other words, the doctor, or other medical personnel would pick up the nearest telephone. In this regard, a doctor or other medical personnel would not have been motivated to bring their own mobile to call the unit 10.

Moreover, it should be noted that that this stands in contrast to disclosed embodiments in which a doctor visiting a patient accesses and updates the patient's records stored in a central database. Under those circumstances, the doctor would normally be

unwilling to ask the patient if he could use the patient's own telephone facilities. Thus, the doctor would be motivated to use his or her own mobile telephone to contact the database.

Second, throughout Kobylevsky it is taught that the doctor will be communicating with the unit 10 through speech. Unit 10 contains a "voice capture device" 105 (see Fig. 2) that digitizes the speech signals and sends the digital data stream to the server 100, where it is converted into text. This text is then sent to the pharmacy 20 (see col. 6, lines 1-9). In view of this disclosure, it would not have been obvious to one of ordinary skill in that art to incorporate a TTS system in the medical facility 30, in a way which would yield signals to the unit 10 that were readily understandable by the unit 10. In other words, there is no reasonable suggestion to incorporate a TTS system into the system of Kobylevsky, nor is objective evidence of such a reason shown. Furthermore, it is highly unlikely that the staff at the medical facility would allow their equipment to be interfered with in this manner.

For at least the above reasons, the combinations of Kobylevsky and Nelson cannot reasonably be considered to have suggested the combination of all of the features positively recited in independent claims 1 and 5, 20, 22, 24, 26, 28 and 30. Further, claims 2, 4 and 6, 7, 9, 11-13 and 16-18 also would not have been reasonably suggested by the applied references for at least the respective dependence of these claims on an allowable base claim, as well as for the additional features each of these claims recites. Additionally, claims 3, 8, 10, 14 and 15 also would not have been suggested by the combination of Kobylevsky and Nelson, even in combination with Garrison, which is not applied in a manner that would overcome the shortfalls of Kobylevsky and Nelson to at least the subject matter of independent claims 1 and 5.

Accordingly, reconsideration and withdrawal of the rejections of the pending claims are respectfully requested.

In view of the foregoing, it is respectfully submitted that this application is in condition for allowance. Favorable reconsideration and prompt allowance of claims 1-5, 7-9 and 20-35 are earnestly solicited.

Should the Examiner believe that anything further would be desirable in order to place this application in even better condition for allowance, the Examiner is invited to contact the undersigned at the telephone number set forth below.

Respectfully submitted,

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Attachment:

Amendment Transmittal  
Request for Continued Examination

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